

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52	/					
3		/					53	/					
4		/					54		/				
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40		/					90						
41		/					91						
42	/						92						
43	/						93						
44		/					94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50		/					100						
TOTAL IND.	18						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.						
TOTAL CLAIMS	65						TOTAL CLAIMS						